

DT15 Rec'd PCT/PTO 31 JAN 2005

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND DEVICE FOR INTERCONNECTION OF TWO TUBULAR ORGANS
Attorney Docket Number::	3651-1025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: INDIA  
Status:: Full Capacity  
Given Name:: SUMIT  
Middle Name::  
Family Name:: ROY  
Name Suffix::  
City of Residence:: OSLO  
State or Province of  
Residence::  
Country of Residence:: NORWAY  
Street of Mailing VAEKEROVEIEN 106  
Address::  
City of Mailing Address:: OSLO  
State or Province of Mailing Address::  
Country of Mailing Address:: NORWAY  
Postal or Zip Code of Mailing Address:: N-0383

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NORWAY  
Status:: Full Capacity  
Given Name:: ERIK  
Middle Name::  
Family Name:: FOSSE  
Name Suffix::  
City of Residence:: OSLO  
State or Province of  
Residence::  
Country of Residence:: NORWAY  
Street of Mailing MARIDALSVEIEN 71B  
Address::  
City of Mailing Address:: OSLO

State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-0458

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NORWAY

Status:: Full Capacity

Given Name:: OLE

Middle Name:: JAKOB

Family Name:: ELLE

Name Suffix::

City of Residence:: OSLO

State or Province of  
Residence::

Country of Residence:: NORWAY

Street of Mailing Address:: JOLLY KRAMER-JOHANSENSGT. 8

City of Mailing Address:: OSLO

State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-0475

**Correspondence Information**

Correspondence Customer

Number::

00466

**Representative Information**

Representative Customer

Number::

00466

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NO2003/000258	7/25/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NORWAY	20023605	7/29/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::